

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leonardina Queredo Garcia Date: 11/9/23 Time: 11:30 AM
Location Address: 27 Spring Street New London Telephone #: 860-857-0362
e-mail address: morelgregoria@live.com License #: 57127 Expiration Date: 12/31/24
Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

**Consent to Inspect
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations
Provider/Applicant/Substitute's Signature x Leonardina Queredo

Purpose of visit: Partial visit to supervision cited on 7/14/23

Observations/Corrections needed:

2 children present at time of visit; 1 of which is under 12 months

19a-87b-6

(NS) 16 provider using good judgement at time of visit by supervising children at all times

19a-87b-10

(NS) 81 observed supervision in compliance at all times during visit, children were eating snacks and playing/watching TV show

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Evelyn Vicente Quinones
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: WPA

Signature: x Leonardina Queredo
(Person in Charge)
x Leonardina Queredo